

CASE NUMBER: 034252/2022

**EXHIBIT(S) - B (Motion #001) Exhibit B - Plaintiff's Exhibits 1-12 - Exhibit B - Plaintiff's Exhibits 1-12 Po...**Document prepared for:  
kevin barlow**CASE NAME**

Rosemarie Mckinnis Est Of, Kathleen Mckinniss, Carin Rosado, James Finn Est Of, Geraldine Finn Exr v. Ecohealth Alliance Inc, Peter Daszak, Janet D Cottingham Aka, Janet Dasz...

**CASE FILING DATE**

Oct. 5th, 2022

**DOCUMENT FILED DATE**

Feb. 21st, 2023

**COUNTY**

Rockland county, NY

**JUDGE**

Sherri L Eisenpress

**CATEGORY**

Torts - Environmental (SARS-COV-2)

**STATUS**

Active

# EXHIBIT B

**FILED: ROCKLAND COUNTY CLERK 02/21/2023 04:14 PM**

NYSCEF DOC. NO. 68

INDEX NO. 034252/2022

RECEIVED NYSCEF: 02/21/2023

**FILED: ROCKLAND COUNTY CLERK 10/05/2022 04:42 PM**

NYSCEF DOC. NO. 3

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RECEIVED NYSCEF: 10/05/2022

**EXHIBIT 1**

**EXHIBIT 1**

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**EXHIBIT 2**

**EXHIBIT 2**



## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Public Health Service

National Institutes of Health  
National Institute of Allergy  
and Infectious Diseases  
Bethesda, Maryland 20892

October 21, 2014

Ms. Sherrie Settle  
Director, Proposal Management  
University of North Carolina at Chapel Hill  
Office of Sponsored Research  
Administrative Office Bldg, Suite 2200  
104 Airport Drive #1350  
Chapel Hill, NC 27599-1350

RE: 5U19 AI107810-02

Dear Ms. Settle:

NIH has determined that the above referenced grant may include Gain of Function (GoF) research that is subject to the recently-announced U.S. Government funding pause (<http://www.hhs.gov/s3/document/gain-of-function.pdf>). Issued on October 17, 2014. The following specific aims appear to involve research covered under the pause:

Project 1: Role of Uncharacterized Genes In High Pathogenic Human Coronavirus Infection - Ralph S. Baric, PhD- Project Leader

- Specific Aim 2. Novel functions in virus replication in vitro.
- Specific Aim 3. Novel functions in virus pathogenesis in vivo.

Project 2: Determining the functions of novel genes for Influenza A and Ebola viruses (EBOV) - Yoshihiro Kawaoka, PhD- Project Leader

- Specific Aim 2. To determine the significance of uncharacterized IAV and EBOV genes in viral replication.
- Specific Aim 3. To determine the significance of uncharacterized IAV and EBOV genes in virus pathogenicity.

As your grant is currently funded, this pause is voluntary. Organizations conducting GoF research supported by the NIH have an opportunity to transition the applicable research to research that is not covered by the funding pause; halt the applicable GoF research until the outcome of the deliberative process is known; or continue to conduct the applicable GoF research until the end of the currently active budget period.

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NIAID requests information on University of North Carolina at Chapel Hill's plans for the research outlined above within 90 days of the date of this letter.

- If you determine that the above research does NOT include GoF work subject to the funding pause, please provide a detailed explanation of the research being conducted and why it is not covered by the pause. NIAID will review this information and make the final determination.
- If the ongoing research includes GoF work subject to the funding pause and the grantee proposes to transition it to areas of research not covered by the pause, please provide the transition plan. It should identify the research to be transitioned, a detailed description of the new planned specific aims (in most cases this will require NIAID pre-approval), and a timeline for the proposed transition.
- If the grantee plans to voluntarily halt the research subject to the funding pause, please identify the research that will be halted and the proposed date by which the applicable research will be stopped. Please provide a confirmation that the research has been halted.
- If the ongoing research includes GoF work and the grantee plans on continuing the research until the end of the currently active budget period, please provide a detailed description of the GoF research to be conducted.

These plans are for the currently active budget period. Please be advised that while the funding pause is in effect, NIAID will not support GoF research identified in the pause after the end of the current grant budget period. Neither competing nor non-competing renewal applications will be funded to support applicable GoF research.

If you have any questions about this matter please do not hesitate to contact the NIAID program and/or grants management contact listed below.

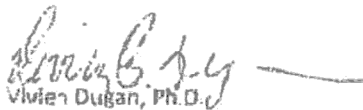
Sincerely,



Chernay Mason

Grants Management Specialist

NIAID/NIH/DHHS



Vivien Dugan, Ph.D.

Program Officer

Division of Microbiology and Infectious Diseases

NIAID/NIH/DHHS

CC: Dr. Ralph Baric  
Ms. Mary Kirker  
Dr. Irene Glowinski

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NYSCEF DOC. NO. 5

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**EXHIBIT 3**

**EXHIBIT 3**



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### Declaration of Dr. Andrew G. Huff, PhD, M.S.

I attest that the following is a true and accurate representation of facts and my experiences:

Name: Andrew G. Huff, PhD, M.S.

#### Personal History/Background/Qualifications:

- From 2002 to 2008 I served in the U.S. Army in both the Minnesota National Guard and on active duty in the US Army as an infantryman.
- I was ordered to serve on active duty to support and fight in the Global War on Terrorism as part Operation Enduring Freedom as an infantryman in Central America, and I volunteered to serve in combat in Operation Iraqi Freedom, where I received numerous medals, awards, and accolades at the low ranks of Private First Class and Specialist.
- While performing combat operations in Iraq, I continued my undergraduate studies while it was my turn to sleep and prepared and competed in Non-Commissioned Officer Review Boards, where I performed the best among the candidates in all aspects of the review except fitness. I was also nominated by my commanding officer to attend Officer Candidate School at the end of my tour in Iraq, based on my performance, leadership ability, and success at executing officer level tasks, which were assigned to me.
- After returning home from Iraq, I completed a heavily research and quantitatively focused bachelor's degree in Psychology at the University of Minnesota, which is one of the top psychological research institutions in the world. I worked directly with many of the world's leading experts in personality, vocational, career interests, clinical, and counseling psychology research, and completed independent quantitative psychological research which was submitted for peer review publication.
- Simultaneously, to earning my Bachelor's degree, I was a program assistant and contracts technical representative (COTR) for the United States Department of Veterans Affairs, where I relocated and opened several new outpatient mental healthcare offices for the agency and managed numerous contracts and relationships with healthcare providers. My supervisor became severely ill, and I independently and successfully managed the organization and contract facilities across the upper Midwest and staff in his absence at the age of 26, which resulted in a financial bonus paid by the government.



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- Next, I earned a master's degree in Security Technologies with a minor in Geographic Information Systems, finishing at the top of my class, from the College of Science and Engineering at the University of Minnesota. In the program, I learned to solve national security problems against different types of critical infrastructures using complex systems analysis, systems modeling, high performance computing, intelligence collection techniques and trade craft, international security, bioterrorism, behavioral threat analysis, cryptography, cyber security, vulnerability, and risk assessment among other things. Upon completion of my master's degree coursework and research thesis defense, in only fifteen months, my thesis committee strongly encouraged me to obtain a PhD and was informed that I should meet with one of my instructors which was a member of the faculty in the School of Public Health.
- After meeting with Dr. Jeff Bender from the School of Public Health and College of Veterinary Medicine at the University of Minnesota, I was offered full employment as a Research Fellow at a Department of Homeland Security Center of Excellence at the University of Minnesota, along with a full scholarship to obtain a Ph.D. related to the fields of bioterrorism, biowarfare, chemical warfare or terrorism, pandemics, and emerging infectious disease. This is the best possible offer a Ph.D. student can receive anywhere throughout academia and is rare.
- I earned a Ph.D. from the University of Minnesota's School of Public Health's Environmental Health Science program with a specialization in Emerging Infectious Diseases. My core focus of my education and research was pandemic preparedness response, bioterrorism, biowarfare, biosecurity, chemical attacks & exposures, and biosafety. I completed the program at a record pace (around 3 years) and all my novel research was published in peer reviewed and referred journals before I submitted my dissertation for review.
- While working as a Research Fellow at a Department of Homeland Security Center of Excellence, I frequently traveled to Washington, D.C. and around the country where I became an active member of US government committees and meetings related to pandemics, public health, and national security. I was introduced to many high-level managers within the US government working in these areas, and I frequently presented my research at US government meetings, to executives in the private sector at large multinational companies, and worked directly with industry and state governments to help improve their national security in areas where I have subject matter expertise.
- Upon completing my Ph.D., I was recruited by Sandia National Laboratories, where I served the U.S. Government as a Senior Member of the Technical Staff and held a Department of Energy 'Q' clearance (equivalent to the Department of Defense's Top-



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Secret designation). At Sandia, I analyzed complex national security problems in my areas of expertise, served as a subject matter expert in public health systems and food systems, and participated in a broad spectrum of projects related to pandemic preparedness, mitigation, and response. Wishing to leave the classified work environment, and due to a funding shortfall in my area of passion (preventing intentional contamination of the food supply), I decided to seek work elsewhere in the fall of 2014 and I applied to EcoHealth Alliance in September of 2014.

- Shortly after applying to a position at EcoHealth Alliance, I interviewed with Dr. Peter Daszak on the telephone and then traveled to EcoHealth Alliance's office in New York City for a comprehensive on-site interview. After completing the interview, I was offered and accepted a position as a Senior Scientist in charge of the Data and Technology team. Upon beginning work at EcoHealth Alliance, I was asked to perform a series of duties which would be considered normal in any kind of scientific or academic organization.

### Information Related to EcoHealth Alliance and the Development of SARS-COV2:

- In late 2014, I was asked to prepare a report for the Intelligence Advanced Research Projects Activity, Office of the Directorate of National Intelligence, (IARPA). I later learned upon promotion to Associate Vice President while attending weekly finance updates that EcoHealth Alliance did not receive any funding from this agency (IARPA), as far as I am aware. **Reference: IARPA Collaborator Report from Dr. Huff's documents retained from his employment at EcoHealth Alliance.**
- In late 2014, I was asked to review (provide edits, comments, and feedback) on a research proposal that was in preparation to be submitted to the National Institutes of Health's (NIH) National Institute for Allergens and Infectious Diseases (NIAID) to conduct Gain of Function research and development with numerous partners including the Wuhan Institute of Virology, which was supported by Dr. Ralph Baric at the University of North Carolina (UNC). **Reference: File name "CoV as submitted" titles "Understanding the Risk of Bat Coronavirus Emergence" Dr. Huff's documents retained from his employment at EcoHealth Alliance.**
  - I attest that I reviewed the proposal that was submitted to NIH which detailed the gain of function virology work that was being conducted to create the agent known as SARS-COV2, which causes the disease known as COVID-19.
  - I attest that the proposal clearly stated that the gain of function work on SARS-COV2 was already underway in China, prior to October 2014, at the Wuhan





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Institute of Virology (WIV), with the support of USAID in collaboration with EcoHealth Alliance and EcoHealth Alliance's partners and sponsors.

- I attest that I made Dr. Peter Daszak aware of the lack of a Biological Security Officer (BSO) and Institutional Biosafety Committee (IBC) at EcoHealth Alliance in reference to the Select Agent Form on in the "Understanding the risk of Bat Coronavirus Emergence" proposal in accordance NIH requirements.
  - I witnessed firsthand presentations by Dr. Shi Zhengli (WIV) and Dr. Ralph Baric (UNC) at EcoHealth Alliance related to their Gain of Function work managed and supported by EcoHealth Alliance.
  - I witnessed firsthand presentations by the executive team at EcoHealth Alliance related to the gain of function work conducted at EcoHealth Alliance.
  - I attest that EcoHealth Alliance's developed SARS-COV2 and is responsible for the development of the agent SARS-COV2 during my employment at the organization.
  - I attest that I informed the EcoHealth Alliance executive team that I believed there were biosafety and biosecurity risks in contract laboratories during an executive meeting. Specifically, I was concerned that EcoHealth Alliance did not have enough visibility or firsthand knowledge of what was happening at foreign laboratories contracted and managed by EcoHealth Alliance. During this meeting I discussed bio-risk management with the team due to these concerns. Dr. Daszak refused to mitigate the risks without any objection or discussion from the other executives. In my opinion, Daszak was dismissive of my concerns. He did not seem concerned about EcoHealth's lack of oversight which I felt was strange because it is typically the CEO's duty to protect the organization from organizational threats and risks. After raising my concern, I accepted Peter's position that our control measures were adequate. **Reference: See leaked cables that the US Consulate Cables to the State Department reported Laboratory Safety Concerns at the Wuhan Institute of Virology.**
- In this same short time-period, I was asked to review and contribute to an investment "pitch deck" (i.e., a PowerPoint presentation used in venture capital presentations) that was presented to an organization called In-Q-Tel. In the pitch deck, we proposed an extension of the USAID global disease surveillance work, SARS-COV2 gain of function and humanized mice research conducted by Drs. Baric and Zhengli, and my work from my department developing advanced biosurveillance technologies and platforms. This



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work was presented to In-Q-Tel (which can be verified by their own records). I do not know what the outcome of that meeting as it was not communicated to me by Dr. Daszak.

**Reference: File name Peter Daszak In-Q-Tel October 2015 from Dr. Huff's documents retained from his employment at EcoHealth Alliance and the In-Q-Tel Quarterly report.**

- On or around June 2015, I was promoted to Vice President. After being promoted to Vice President, I was exposed and participated in more aspects of the organization, as would be expected from an Executive Officer at any organization.
- I began attending weekly financial meetings where I learned that the organization was tight on cash, depended heavily on government contract salary overhead to remain solvent, and that the organization was not involved in traditional conservation work as classically defined. This was upsetting as this was one of the main reasons that I wanted to join the organization (being a conservationist and naturalist). **Reference: EcoHealth Alliance Marketing video from Dr. Huff's documents retained from his employment at EcoHealth Alliance.**
- I also observed that EcoHealth Alliance was engaged in irregular financial transactions regarding U.S. Government grants. Specifically, I believe there was timecard fraud and observed what I appear to be double dipping on contracts, between government organizations and private donors (e.g., Skoll Foundation, Google Foundation, Bill & Melinda Gates Foundation, & Wellcome Trust), or both. **Reference: Compare stated objectives, work locations, and data collection across a range of projects from Dr. Huff's documents retained from his employment at EcoHealth Alliance.**
- I later confronted Dr. Peter Daszak, Harvey Kasdan (CFO, deceased), Dr. Aleksei Chmura about the financial fraud when I was upset, arguing for pay raises in my department, company-wide salary increases, and for myself. Shortly thereafter (1-2 days), CFO Harvey Kasdan passed away from a heart attack. I am not insinuating foul play, but I believe the stress was too much for him in his physical condition. **Reference: Harvey Kasdan's Obituary.**
- I also observed, while attending board meetings and in communications directly with board members, that Dr. Peter Daszak had a pattern of over-simplifying and lying by omission to our stakeholders (including the board of directors). For example, while EcoHealth Alliance positioned itself as a conservation organization, no substantial conservation work, as traditionally defined, was occurring at the organization.



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- The USAID Predict program was a global hunt for viruses predicated upon the promise of predicting and preventing pandemics. I believe that the data limitations and methods for collecting and analyzing that data make this goal impossible to achieve. I further believe that this program is more strongly aligned with collecting the biological samples to conduct gain of function viral work, or intelligence collection, than prediction and prevention of pandemics.
- Gain of function research is a highly contentious topic in my scientific area of expertise. Those who are for it make the argument that if you can identify a high-risk pathogen, and then engineer the pathogen in the laboratory to increase its transmissibility, infectivity, pathogenicity, or virulence, then you can develop medical countermeasures to prevent the spread of disease, if an outbreak of a naturally evolving agent were to occur. I believe this logic to be inherently flawed because it is naïve to think that humans can modify or engineer a naturally occurring pathogen that would evolve similar to the way infectious agents naturally evolve. Typically, Gain of Function research (via selection of rare traits or genetic manipulation or engineering of the agent) undergoes thousands of years of unnatural evolution (decided by humans not by nature) in a laboratory in a matter of days weeks or months. This is akin to predicting the future, with the likelihood of success decreasing in every timestep.
- After being promoted to Vice President, I commented on several concerns I had related to protecting the organization including biosafety, biosecurity, enterprise security, and risk management. None of the other executives voiced any opposition to Gain of Function research being conducted at EcoHealth Alliance, and Dr. Daszak was heavily supportive of the work. Drs. Johnathan Epstein and Kevin Olival were supportive of the work and were key contributors to the gain of function work in the SARS-COV2 proposal funded by USAID and NIH, and executed by EcoHealth Alliance, the WIV, and UNC. My opposition to Gain of Functions research stemmed from my Ph.D. studies taught by my Committee Chair, Dr. Michael T. Osterholm, who was also President Joe Biden's COVID advisor.
- In November 2015, a scientifically peer reviewed, and referenced article was published by collaborators from the Wuhan Institute of Virology, the University of North Carolina Chapel Hill (UNC), the Food and Drug Administration, Harvard Medical School, and the Bellinzona Institute of Microbiology. The peer reviewed article was titled "A SARS-like Cluster of Circulating Bat Coronaviruses Shows Potential for Human Emergence" in the journal *Nature Medicine*. The authors initially omitted the funding source from the USAID - EPT - PREDICT program, which I was a co-investigator and country coordinator while employed by EcoHealth Alliance. The USAID - EPT - PREDICT funding cited in the article was used to develop a relationship between Drs. Ralph Baric



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(UNC) and Zhengli-Li Shi of the Wuhan Institute of Virology at EcoHealth Alliance, which was orchestrated by Dr. Peter Daszak. Additionally, the USAID- EPT - PREDICT funding used in this peer reviewed paper was used to collect biological samples from bats globally. Then, the collaborators analyzed the collected samples to extract SARS like-corona viruses, and select or engineer genetic features within the viruses, collected with USAID - EPT - PREDICT funding, to create hybrid chimeric viruses. Chimeric viruses are defined as combining the genetic material from two or more distinct viruses. **The process of developing SARS-COV2 was also described in detail in the proposal submitted to, and ultimately funded by, the National Institutes of Health (HHS NIH), The National Institute of Allergy and Infectious Diseases (NIAID), by EcoHealth Alliance with the WIV and UNC listed as collaborators.** It is my attestation, that the creation of these SARS-like chimeric viruses described in this article include SARS-COV2. Lastly, the engineered SARS-COV2 was then used to test SARS vaccines and monoclonal antibody therapeutics against the disease in mice. **Reference: Menachery, V. D., Yount, B. L., Debbink, K., Agnihothram, S., Gralinski, L. E., Plante, J. A., ... & Baric, R. S. (2015). A SARS-like cluster of circulating bat coronaviruses shows potential for human emergence. *Nature medicine*, 21(12), 1508-1513.**

- Dr. Peter Daszak approached me in late 2015 and stated that somebody from the Central Intelligence Agency (CIA) approached him and stated that they were interested in the places we were working, the people we were working with, and the data we were collecting. Peter then proceeded to ask me for my advice, and specifically asked whether we should work with them. I was shocked that Peter asked me this and was excited for the opportunity. I stated to Peter that "It never hurts to talk to them. There could be money in it." Peter then later confirmed over the next 2 months, between our weekly meetings that the relationship with them was proceeding.
- In March 2016, a paper was published by Dr. Ralph Baric, an EcoHealth Alliance gain of function collaborator working at UNC, in PNAS titled "SARS-like WIV1-CoV Poised for Human Emergence." In the article, the authors of the paper describe in detail how they used, designed, and constructed full-length and chimeric viruses to determine if they would replicate in human airway cultures. This specific paper is relevant because it compares and documents the effectiveness of different variations of coronavirus spike proteins at infecting human cells specifically by binding to ACE2 receptor, which was a critical and necessary step to design and engineer the SARS-COV2 virus. While employed at EcoHealth Alliance, I met both Dr. Shi Zhengli and Dr. Ralph Baric, where they presented their work on the design and engineering of SARS-CoV2 (coronavirus



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gain of function research), and the use of highly specialized humanized mice models, which were necessary to successfully build SARS-COV2. These facts are supported by numerous recorded presentations by Dr. Peter Daszak and Dr. Ralph Baric from 2015-2019. Some of which, I personally attended while employed at EcoHealth Alliance. Additionally, the specific gain of function work described in this paper was presented by Dr. Peter Daszak to In-Q-Tel, a DoD and CIA venture capital firm. In the slides presented to In-Q-Tel, which I personally helped create at EcoHealth, describe the use of USAID – EPT – PREDICT funding to collect coronavirus samples from bats globally, where they are then analyzed to identify their most dangerous features to humans, and recombined to make new coronaviruses like SARS-COV2. Then, these viruses are tested on humanized mice to validate lethality and transmissibility. EcoHealth Alliance then used Dr. Baric's work for testing experimental vaccines, treatments, and therapeutics against the newly engineered SARS-COV2 strain to determine which countermeasures would be the most effective at mitigating the disease in humanized mice. **Reference: Menachery, V. D., Yount Jr, B. L., Sims, A. C., Debbink, K., Agnihothram, S. S., Gralinski, L. E., ... & Baric, R. S. (2016). SARS-like WIV1-CoV poised for human emergence. *Proceedings of the National Academy of Sciences*, 113(11), 3048-3053.**

- \* In late September or early October of 2019, I was contacted by Dr. Amy Jenkins and she was attempting to recruit me to be a Program Manager for emerging infectious disease work at the Defense Advanced Research Projects Agency (DARPA). I first met Dr. Amy Jenkins as a Ph.D. student and paid Research Fellow at a Department of Homeland Security Center of Excellence at the University of Minnesota in 2014. The position at DARPA was presented to me as if it was mine if I wanted it and I was told that it would need Top Secret Security clearance with a polygraph. I felt that the recruitment effort was quite strange as I had not worked full-time and directly in the national security space since 2014 at Sandia National Laboratories and I had no clue how Dr. Jenkins obtained my new personal cell phone number. Coincidentally, this is when epidemiological evidence indicates that the first cases of COVID-19 likely emerged. The two events may not be related; however, it is my belief that people working within the US government potentially identified me as a risk to knowing firsthand that the SARS-COV2 disease emergence event was a consequence of the US government's sponsorship of the genetic engineering of SARS-COV2 domestically and abroad. If I would have accepted the position, then I suspect that DARPA would have disclosed restricted information to me which would have consequently prevented me from discussing any of this information publicly, like I have been and am doing now. The recruitment effort itself was highly suspect as it seemed as if DARPA was completely circumventing the US government recruitment process for one of the most prestigious scientific positions in the world.



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- I attest that I analyzed the funding of Dr. Kristian Andersen of the Scripps Research Institute from data obtained from NIH funding databases. Dr. Andersen's funding dramatically increased after changing his position on the characterization of the agent as being manmade, to naturally emerging, after a series of discussions with Dr. Anthony Fauci.

Total Funding Awarded Per Month Before Fauci Teleconference	Total Funding Awarded Per Month After Fauci Teleconference
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\$393,079.65

\$800,139.15

Total Funding Awarded Per Calendar Year Before Fauci Teleconference	Total Funding Awarded Per Calendar Year After Fauci Teleconference
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\$ 1,042,628.25

\$2,284,161.08

Total Continuing Funding Before Fauci Teleconference
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\$7,141,011.83

Total Continuing Funding After Fauci Teleconference
--

\$23,724,681.83

**Total Continuing Funding INCREASE After Fauci Teleconference**

**\$16,583,670.00**

- Lastly, at no point in time has any restricted information, including classified information, been shared with me related to the domestic or foreign engineering of the biological agent SARS-COV2, the subsequent release of SARS-COV2, the attempted cover-up of by officials working for the United States government. I have never leaked any legally obtained classified information or violated the rules and laws related to my past security clearances. The information that I have shared from my time at EcoHealth Alliance is not restricted by any non-disclosure agreement, nor is it US government protected or restricted information, as EcoHealth Alliance is supposedly a non-profit



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corporation conducting scientific research to protect human and animal health. All the documents that I have shared were created by myself or other personnel by EcoHealth Alliance and were not subject to derivative classification by the US government, which is standard practice in academic institutions. My findings, opinions, and analysis were informed by my highly specialized education in the field of emerging infectious diseases from one of the top 5 graduate programs in the world, by my experience working in the field, and by analysis of publicly available open source and open access information. Simply, I know how and where to find accurate and relevant information related to pandemics, emerging diseases, biowarfare, and bioterrorism quickly and know how to properly frame this information from my knowledge of how the government works in the context of relevant policy frameworks.

- In context, this series of events when they took place, did not seem of any consequence nor did I ever think or believe that I would be in this terrible position. I have been severely harassed by what appears to be state-sponsored actors based on the level of sophistication, persistence, and duration, of the harassment and crimes committed against me. I understand that these facts are difficult for our country. I have viewed this as a non-partisan issue since coming forward as a Whistleblower, as my only goal is to prevent another manmade pandemic from occurring. COVID-19, the disease caused by SARS COV2, in my professional opinion, is the result of Gain of Function research that was mismanaged by EcoHealth Alliance and its contractors.

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed On (Date): 13 September 2022

Signature:   
Andrew G. Huff, Ph.D., M.S.

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**EXHIBIT 4**

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RECEIVED NYSCEF: 10/05/2022

To: Baric, Ralph S (rbaric@email.unc.edu)  
Cc: Alison Andre (andre@ecohealthalliance.org)  
From: Peter Daszak (daszak@ecohealthalliance.org)  
Sent: Mon 1/13/2020 7:55:43 PM (UTC-05:00)  
Subject: RE: Call with NIH tomorrow

OK - great. It sounds like we're on the same call!

And my thoughts exactly re. the highly variable SARS-like CoV. I've told journalists about it, but it's a complicated story for them to get across..

Cheers,

Peter

Peter Daszak  
President

EcoHealth Alliance  
480 West 34th Street - 17th Floor  
New York, NY 10001

Tel  
Website: [www.ecohealthalliance.org](http://www.ecohealthalliance.org)  
Twitter: @PeterDaszak

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that prevent pandemics and promote conservation

-----Original Message-----

From: Baric, Ralph S (rbaric@email.unc.edu)  
Sent: Monday, January 13, 2020 6:50 PM  
To: Peter Daszak  
Subject: RE: Call with NIH tomorrow

Hi Peter, I have to participate on an NIH call tomorrow at 10. I believe it's a strategic meeting designed to help craft a NIH response plan to the Wu-CoV. Hope things are going well. Looks like we found our highly variable SARS-like CoV! Ralph

-----Original Message-----

From: Peter Daszak <daszak@ecohealthalliance.org>  
Sent: Monday, January 13, 2020 6:43 PM  
To: Baric, Ralph S <rbaric@email.unc.edu>; Sims, Amy C <asims0016@email.unc.edu>  
Cc: Alison Andre <andre@ecohealthalliance.org>  
Subject: Call with NIH tomorrow

Ralph - I'm having an informational call with our program officer re the Wuhan outbreak tomorrow at 10am - do you want to join and are you available?

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FILED: ROCKLAND COUNTY CLERK 10/05/2022 04:42 PM

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RECEIVED NYSCEF: 10/05/2022

**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Sun, 19 Apr 2020 03:29:42 +0000  
**To:** Peter Daszak  
**Subject:** RE: Thank you for your public comments re COVID-19's origins

Peter:

Many thanks for your kind note.

Best regards,

Tony

**From:** Peter Daszak [REDACTED]  
**Sent:** Saturday, April 18, 2020 9:43 PM  
**To:** Morens, David (NIH/NIAID) [E] [REDACTED]; Fauci, Anthony (NIH/NIAID) [E] [REDACTED]  
**Cc:** Stemmy, Erik (NIH/NIAID) [E] [REDACTED]; Erbeiding, Emily (NIH/NIAID) [E] [REDACTED]; Aleksei Chmura [REDACTED]  
**Subject:** Thank you for your public comments re COVID-19's origins  
**Importance:** High

Tony (cc'ing David so that you might pass this on to Tony once he has a spare second)

As the PI of the R01 grant publicly targeted by Fox News reporters at the Presidential press briefing last night, I just wanted to say a personal thankyou on behalf of our staff and collaborators, for publicly standing up and stating that the scientific evidence supports a natural origin for COVID-19 from a bat-to-human spillover, not a lab release from the Wuhan Institute of Virology.

It's been a very hard few months as these conspiracy theorists have gradually become politicized and hardened in their stance. Especially because the work we've been doing in collaboration with Chinese virologists has given us incredible insight into the risks that these viruses represent, so that we can directly help protect our nation from bat-origin coronaviruses. We're fighting to keep the communications open with our Chinese colleagues, so that we can better address future pandemics like COVID-19.

From my perspective, your comments are brave, and coming from your trusted voice, will help dispel the myths being spun around the virus' origins.

Once this pandemic's over I look forward thanking you in person and let you know how important your comments are to us all.

Cheers,

Peter

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**EXHIBIT 6**

**EXHIBIT 6**

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8/18/21

# International Health Regulations (IHR)

## Protecting People Every Day

With the signing of the revised International Health Regulations (IHR) in 2005, the international community agreed to improve the detection and reporting of potential public health emergencies worldwide. IHR (2005) better addresses today's global health security concerns and are a critical part of protecting global health. The regulations require that all countries have the ability to detect, assess, report and respond to public health events.

CDC is working with countries around the globe to help meet IHR (2005) goals. CDC's global programs address over 400 diseases, health threats, and conditions that are major causes of death, disease, and disability. Our global programs are run by world leaders in epidemiology, surveillance, informatics, laboratory systems, and other essential disciplines. Through partnerships with other countries' ministries of health, CDC is improving the quantity and quality of critical public health services.

## Building a Foundation for Global Health Security

IHR (2005) also serves as a foundation for CDC and the Global Health Security Agenda. The GHS Agenda is "an effort by nations, international organizations, and civil society to accelerate progress toward a world safe and secure from infectious disease threats; to promote global health security as an international priority; and to spur progress toward full implementation of the IHR."<sup>1</sup>

The GHS Agenda provides 11 clear targets which will serve as a road map to help countries create systems that are able to prevent, detect and respond to health threats. The GHS Agenda recognizes the challenges countries are facing, laying out practical and concrete steps countries can take toward strengthening their health systems, as well as ways in which countries can support each other.

## About IHR

### IHR Basics

With trade and travel expanding on a global level, the opportunity for greater disease transmission also increases. The public health and economic impact due to infectious diseases can cause great harm to humans and severely damage a country's resources. IHR (2005) is coordinated by the World Health Organization (WHO) and aims to keep the world informed about public health risks and events. As an international treaty, the IHR (2005) is legally binding; all countries must report events of international public health importance. Countries reference IHR (2005) to determine how to prevent and control global health threats while keeping international travel and trade as open as possible.

IHR (2005) requires that all countries have the ability to do the following:

- **Detect:** Make sure surveillance systems and laboratories can detect potential threats
- **Assess:** Work together with other countries to make decisions in public health emergencies
- **Report:** Report specific diseases, plus any potential international public health emergencies, through participation in a network of National Focal Points
- **Respond:** Respond to public health events

IHR (2005) also includes specific measures countries can take at ports, airports and ground crossings to limit the spread of health risks to neighboring countries, and to prevent unwarranted travel and trade restrictions.<sup>2</sup>

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U.S. government agencies have just 48 hours to assess the situation after learning about a public health emergency of international concern (PHEIC).

Find answers to more questions about how IHR (2005) has changed the way we handle outbreaks and other public health threats.

## IHR: Made for Today's Health Threats

In today's interconnected society, it's more important than ever to make sure all countries are able to respond to and contain public health threats.

In 2003, severe acute respiratory syndrome (SARS) threatened global health, showing us how easily an outbreak can spread. Recently, the Ebola epidemic in West Africa and outbreaks of MERS-CoV have shown that we are only as safe as the most fragile state. All countries have a responsibility to one another to build healthcare systems that are strong and that work to identify and contain public health events before they spread.

While previous regulations required countries to report incidents of cholera, plague, and yellow fever, IHR (2005) is more flexible and future-oriented, requiring countries to consider the possible impact of all hazards, whether they occur naturally, accidentally, or intentionally.<sup>3</sup> In spite of broader global agreement to the importance of IHR (2005), only about 1/3 of the countries in the world currently have the ability to assess, detect, and respond to public health emergencies.<sup>4</sup> These gaps in global preparedness leave Americans and the rest of the world vulnerable.

And global health security is not just a health issue; a crisis such as SARS or Ebola can devastate economies and keep countries from developing. The World Bank Group estimates that Guinea, Liberia, and Sierra Leone together will lose at least \$1.6 billion in forgone economic growth in 2015 as a result of the Ebola epidemic.<sup>5</sup> The impact of this kind of economic devastation reaches farther and wider than ever.<sup>6</sup>

## Protecting People

One of the most important aspects of IHR (2005) is the requirement that countries detect and report events that may constitute a potential public health emergency of international concern (PHEIC).

Under IHR (2005), a PHEIC is declared by the World Health Organization if the situation meets 2 of 4 criteria:

- Is the public health impact of the event serious?
- Is the event unusual or unexpected?
- Is there a significant risk of international spread?
- Is there a significant risk of international travel or trade restrictions?<sup>7</sup>

Once a WHO member country identifies an event of concern, the country must assess the public health risks of the event within 48 hours. If the event is determined to be notifiable under the IHR, the country must report the information to WHO within 24 hours.

Some diseases always require reporting under the IHR, no matter when or where they occur, while others become notifiable when they represent an unusual risk or situation.

Always Notifiable:<sup>8</sup>

- Smallpox
- Poliomyelitis due to wild-type poliovirus
- Human influenza caused by a new subtype
- Severe acute respiratory syndrome (SARS)

Other Potentially Notifiable Events:<sup>9</sup>

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- May include cholera, pneumonic plague, yellow fever, viral hemorrhagic fever, and West Nile fever, as well as any others that meet the criteria laid out by the IHR.
- Other biological, radiological, or chemical events that meet IHR criteria

Since IHR (2005) was put into place, four PHEICs have been declared by WHO:

- H1N1 influenza (2009)
- Polio (2014)
- Ebola (2014)
- Zika virus (2016)

When a PHEIC is declared, WHO helps coordinate an immediate response with the affected country and with other countries around the world.


## Global IHR Participation

IHR represents an agreement between 196 countries, including all WHO Member States, to work together for global health security.<sup>10</sup>

In the U.S., CDC works with state and local reporting and response networks to receive information at the federal level and then respond to events of concern at the local and federal levels. The Department of Health and Human Services (DHHS) has assumed the lead role in carrying out the reporting requirements for IHR (2005). The Health and Human Services' Secretary's Operations Center (SOC) is the National Focal Point responsible for reporting events to WHO. CDC works with other federal agencies to support IHR (2005) implementation.

## Monitoring and Evaluation Framework

### How We Assess Health Security Capacity

Being adequately prepared to manage these infectious disease outbreaks is a challenge for many countries. IHR (2005) Monitoring and Evaluation Framework  (MEF) provides a roadmap for assessing a country's health security capacity, enabling them to identify areas for improvement.

IHR MEF is composed of four processes:

- States Parties Self-Assessment Annual Reporting (SPAR),
- Joint External Evaluations, (JEE),
- After Action Reviews (AAR), and
- Simulation Exercises (SimEx).

The SPAR is a mandatory process under IHR (2005); the JEE, AAR, and SimEx are voluntary. Together, these provide a comprehensive approach to assessing a country's health security capacity and to developing recommendations for how to address associated gaps.

Additionally, results of the JEE and other country-based assessments can be used to guide the development of National Action Plans for Health Security. The NAPHS aims to address gaps in a country's health security capacity through a system that aligns to the JEE's recommendations.

When used together, these processes can help governments improve their preparedness against infectious disease threats, gain domestic support for health security work, and direct partners to the areas where more support is needed. To support IHR MEF activities within countries, CDC serves as a major contributor to global public health efforts to prevent, detect, and respond to public health risks.

### Joint External Evaluation

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The Joint External Evaluation (JEE) is a voluntary and comprehensive process to evaluate country capacity across 19 technical areas, to address infectious disease risks through a coordinated response.

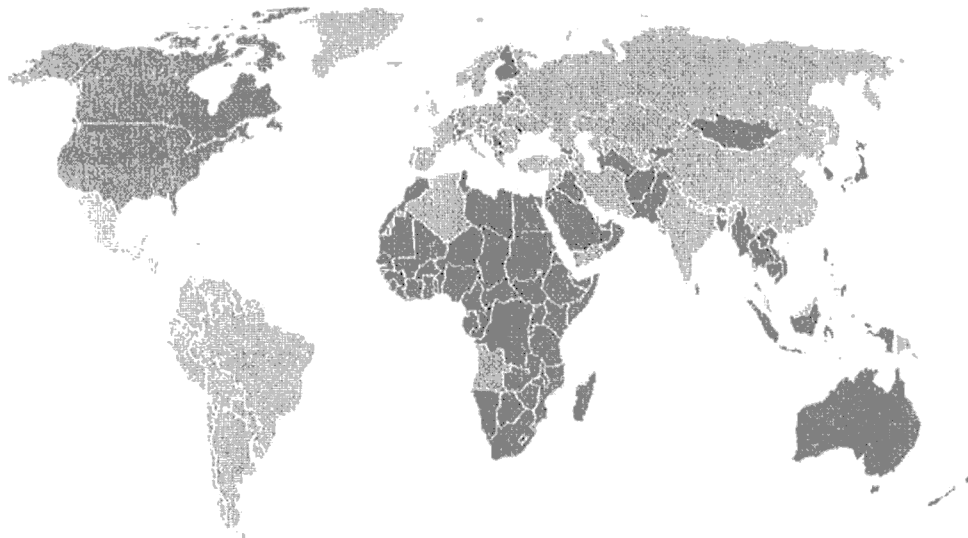
The JEE process brings together experts from around the world to help a country assess its strengths and weaknesses and identify recommendations to improve its health security capacity. Multisectoral collaboration, through processes like the JEE, is key to strengthening health systems—this means engaging not just health partners, but other government sectors, such as environmental, agricultural, defense, and finance.

Through the JEE, countries are able to:

- Identify the most critical gaps within their health systems
- Prioritize opportunities for enhanced preparedness and response
- Engage with current and prospective donors and partners to effectively target resources

CDC has collaborated with WHO on developing and refining the JEE process and tools since its inception in 2016. As of July 2019, 100 JEEs have been completed, representing over half of the UN member states that committed to achieving the goals of the IHR 2005. CDC has provided assistance in over 60% of the JEEs conducted throughout the world, and helps countries who have completed this process translate JEE findings and recommendations into action.

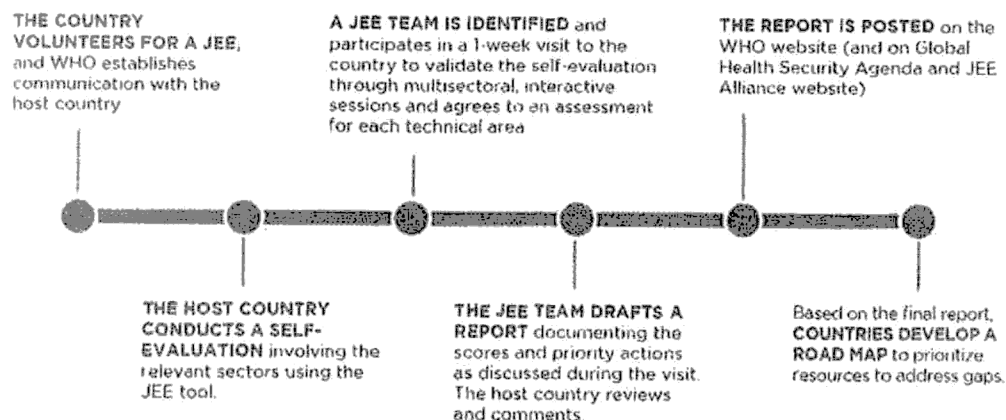
## Joint External Evaluation Assessments (January 2016–July 2019)



After a JEE is completed, the external experts work with their country counterparts to produce a written report, which includes the scores and all-important priority actions. This report serves as a guide for the country on how to build health security capacity within each technical area. The associated priority actions can feed directly into a National Action Plan for Health Security (NAPHS) and other post-JEE planning processes. JEE results are also published online [\[link\]](#) so that partners can work with countries in a more coordinated fashion to address health security gaps.

## JEE Health Capacity Evaluation Process





advised CDC per email dated 12/11/2021

## National Action Plan for Health Security

CDC supports countries as they develop and strengthen their National Action Plan for Health Security (NAPHS) following a Joint External Evaluation (JEE). Through an all-of-government approach, the NAPHS is developed collectively, with input from different government sectors, and support from international partners. Developing the NAPHS helps countries identify activities that align to the 19 JEE Technical Areas and prioritize them for implementation. The resulting plan details the activities necessary to address gaps within a country's health security capacity. These activities are then monitored to determine what is working, what needs to be changed, and what to focus on next to continue to build country capacity.

CDC works with partners to generate a NAPHS that is realistic and actionable by providing technical expertise across all stages of development. Specifically, CDC works with partners to facilitate:

- Communication, coordination, and collaboration
- Prioritization, resource mapping, and mobilization
- Implementation and monitoring

## More Information

- National Action Plan for Health Security (NAPHS)
- JEE Feature Story: A Project to Assess and Build Global Health Security
- Blog: Assessing health security in Côte d'Ivoire

## References

1. CDC. CDC and the Global Health Security Agenda. Page accessed 7/5/19
2. WHO. Strengthening health security by implementing the International Health Regulations (2005) [\[PDF\]](#). Page accessed 7/5/19
3. Gostin, Lawrence, The International Health Regulations and beyond; *The Lancet*, Vol. 4, Issue 10 [\[PDF\]](#), 606–607. Page accessed 7/5/19
4. WHO. Strengthening health security by implementing the International Health Regulations (2005) [\[PDF\]](#). Page accessed 7/5/19
5. World Bank. The Economic Impact of the 2014 Ebola Epidemic [\[PDF\]](#) [\[PDF\]](#). Page accessed 7/5/2019
6. Heymann, David L et al., Global health security: the wider lessons from the west African Ebola virus disease epidemic [\[PDF\]](#); *The Lancet*, Vol. 385, Issue 9980, 1884 – 1901. Page accessed 7/5/19
7. WHO. IHR Procedures concerning public health emergencies of international concern (PHEIC) [\[PDF\]](#). Page accessed 7/5/19
8. WHO. Case definitions for the four diseases requiring notification in all circumstances under the International Health Regulations (2005) [\[PDF\]](#) [\[PDF\]](#). Page accessed 7/5/19



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**DEPARTMENT OF HEALTH & HUMAN SERVICES**RECEIVED NYSCEF: 10/05/2022  
Public Health ServiceNational Institutes of Health  
Bethesda, Maryland 20892

October 20, 2021

The Honorable James Comer  
Ranking Member, Committee on Oversight and Reform  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Representative Comer:

Thank you for your continued interest in the work of the National Institutes of Health (NIH). I am writing today to provide additional information and documents regarding NIH's grant to EcoHealth Alliance, Inc.

It is important to state at the outset that published genomic data demonstrate that the bat coronaviruses studied under the NIH grant to EcoHealth Alliance, Inc. and subaward to the Wuhan Institute of Virology (WIV) are not and could not have become SARS-CoV-2. Both the progress report and the analysis attached here again confirm that conclusion, as the sequences of the viruses are genetically very distant.

The fifth and final progress report for Grant R01AI110964, awarded to EcoHealth Alliance, Inc. is attached with redactions only for personally identifiable information. This progress report was submitted to NIH in August 2021 in response to NIH's compliance enforcement efforts. It includes data from a research project conducted during the 2018-19 grant period using bat coronavirus genome sequences already existing in nature.

The limited experiment described in the final progress report provided by EcoHealth Alliance was testing if spike proteins from naturally occurring bat coronaviruses circulating in China were capable of binding to the human ACE2 receptor in a mouse model. All other aspects of the mice, including the immune system, remained unchanged. In this limited experiment, laboratory mice infected with the SHC014 WIV1 bat coronavirus became sicker than those infected with the WIV1 bat coronavirus. As sometimes occurs in science, this was an unexpected result of the research, as opposed to something that the researchers set out to do. Regardless, the viruses being studied under this grant were genetically very distant from SARS-CoV-2.

The research plan was reviewed by NIH in advance of funding, and NIH determined that it did not fit the definition of research involving enhanced pathogens of pandemic potential (ePPP) because these bat coronaviruses had not been shown to infect humans. As such, the research was not subject to departmental review under the HHS P3CO Framework. However, out of an abundance of caution and as an additional layer of oversight, language was included in the terms and conditions of the grant award to EcoHealth that outlined criteria for a secondary review, such as a requirement that the grantee report immediately a one log increase in growth. These

The Honorable James Comer  
Page 2

measures would prompt a secondary review to determine whether the research aims should be re-evaluated or new biosafety measures should be enacted.

EcoHealth failed to report this finding right away, as was required by the terms of the grant. EcoHealth is being notified that they have five days from today to submit to NIH any and all unpublished data from the experiments and work conducted under this award. Additional compliance efforts continue.

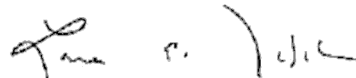
The second document is a genetic analysis demonstrating that the naturally occurring bat coronaviruses used in experiments under the NIH grant from 2014-2018 are decades removed from SARS-CoV-2 evolutionarily. The analysis compares the sequence relationships between:

- SARS-CoV-1, the cause of the SARS outbreak in 2003;
- SARS-CoV-2, the cause of COVID-19 pandemic;
- WIV-1, a naturally occurring bat coronavirus used in experiments funded by the NIH;
- RaTG13, one of the closest bat coronavirus relatives to SARS-CoV-2 collected by the Wuhan Institute of Virology; and
- BANAL-52, one of several bat coronaviruses recently identified from bats living in caves in Laos.

While it might appear that the similarity of RaTG13 and BANAL-52 bat coronaviruses to SARS-CoV-2 is close because it overlaps by 96-97%, experts agree that even these viruses are far too divergent to have been the progenitor of SARS-CoV-2. For comparison, today's human genome is 96% similar to our closest ancestor, the chimpanzee. Humans and chimpanzees are thought to have diverged approximately 6 million years ago.

The analysis attached confirms that the bat coronaviruses studied under the EcoHealth Alliance grant could not have been the source of SARS-CoV-2 and the COVID-19 pandemic.

If you or your staff have questions, NIH would be pleased to brief you on these documents.



Lawrence A. Tabak, D.D.S., Ph.D.  
Principal Deputy Director

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Primary Reg. Dist. No. 2508

Ohio Department of Health

VITAL STATISTICS

RECEIVED NYSCEF: 10/05/2022

Registrar's No.

2500-202004424

## CERTIFICATE OF DEATH

State File No. 2020041965

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)										2. Sex		3. Date of Death (Mo/Day/Year)							
ROSEMARIE MCKINNISS										FEMALE		APRIL 24, 2020							
4. Social Security Number				5a. Age (Years)		5b. Under 1 Year Months		5c. Under 1 day Hours		5d. Under 1 day Minutes		6. Date of Birth (Mo/Day/Year)		7. Birthplace (City and State or Foreign Country)					
				85								MARCH 22, 1935		COLUMBUS, OHIO					
8a. Residence State						8b. County						8c. City or Town							
OHIO						FRANKLIN						WORTHINGTON							
8d. Street Address and Zip Code														9. Ever in US Armed Forces?					
1030 HIGH STREET 43085														NO					
10. Marital Status at Time of Death										11. Surviving Spouse's Name (If wife, give name prior to first marriage)									
WIDOWED (AND NOT REMARRIED)																			
12. Decedent's Education										13. Decedent of Hispanic Origin		14. Decedent's Race							
HIGH SCHOOL GRADUATE OR GED										NO		WHITE							
15. Father's Name										16. Mother's Name (prior to first marriage)									
CARL J MEHRLE										HELEN KRAMMER									
17a. Informant's Name										17b. Relationship to Decedent		17c. Mailing Address (Street and Number, City, State, Zip Code)							
KATHLEEN MCKINNISS										DAUGHTER		160 WEST WILSON BRIDGE ROAD 631							
18a. Place of Death										18b. Facility Name (If not Institution, give street & number)				18c. City or Town, State and Zip Code					
NURSING HOME/LONG TERM CARE FACILITY										THE LAURELS OF WORTHINGTON				WORTHINGTON, OHIO 43085					
19. Funeral Service Licensee or Other Agent										20. License Number (of licensee)		21. Name and Complete Address of Funeral Facility							
JOHN A TIBERI										008008		MAEDER-QUINT-TIBERI FUNERAL HOME INC							
22. Method and Place of Disposition										23. Local Registrar				24. Date Filed (Month/Day/Year)					
BURIAL - SAINT JOSEPH CEMETERY, LOCKBOURNE, OH										SANDRA TAYLOR				APRIL 28, 2020					
25a. Certifier (Check only one)										25b. Time of Death						25c. Date Pronounced Dead (Month/Day/Year)		25d. Was Case Referred to Medical Examiner or Coroner?	
<input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.										22:45		APRIL 24, 2020		NO					
<input type="checkbox"/> Coroner or Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.																			
26a. Certifier Name and Title										26b. License number		26c. Date Signed (Month/Day/Year)							
DANIEL LAWRENCE MILLER										MD		APRIL 28, 2020							
27. Name and Address of Person who Completed Cause of Death										28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.									
DANIEL LAWRENCE MILLER, 3525 OLENTANGY RIVER RD, COLUMBUS, OH 43214																			
Immediate Cause (Final disease or condition resulting in death)										a. PRESUMED COVID-19				Approximate Interval: Onset and Death					
Sequentially list conditions, if any, leading to immediate cause.										b. Due to (or as Consequence of) DEMENTIA				DAYS					
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)										c. Due to (or as Consequence of)				YEARS					
										d. Due to (or as Consequence of)									
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.										29a. Was An Autopsy Performed?				29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?					
										NO				NOT APPLICABLE					
30. Did Tobacco Use Contribute to Death?										31. If Female, Pregnancy Status				32. Manner of Death					
NO										NOT APPLICABLE				NATURAL					
33a. Date of Injury (Mo/Day/Year)				33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)						33d. Injury at Work?							
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)										33f. Describe How Injury Occurred:				33g. If Transportation Injury, Specify:					

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Sandra Taylor, Franklin County Registrar

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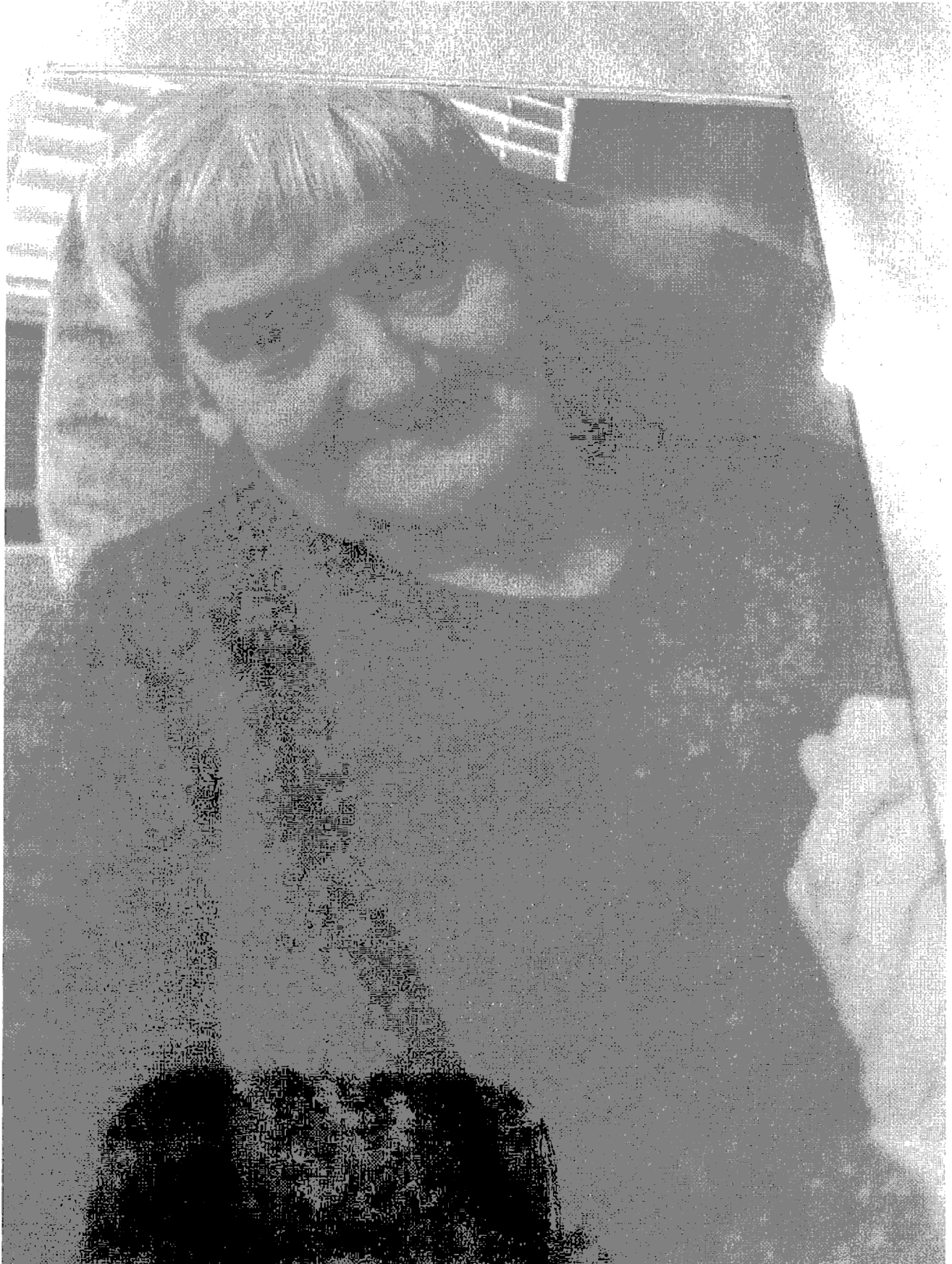
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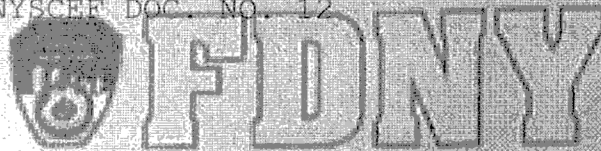
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RECEIVED NYSCEF: 10/05/2022



Bureau of Human Resources

January 31, 2022

CARIN ROSADO  
60 ROBIN ROAD  
ROCKY POINT, NY 11778

Subject: LWOP &amp; Non-Compliance with COVID-19 Vaccine Mandate

Dear Member,

As you are aware, the City has issued several orders concerning mandated vaccination against COVID-19. Executive Orders 75 and 76 mandated that, effective August 2, 2021, all New Hires be fully vaccinated against COVID-19 and subsequently, the Health Commissioner's Order dated October 21, 2021 mandated vaccination for all City employees.

Our records indicate that you have been on unpaid leave as a result of non-compliance with the Health Commissioner's Order dated October 21, 2021 and have not chosen to continue health benefits coverage through June 30, 2022 pursuant to a union agreement. Please note, the dead line has passed for requesting continued health benefits.

Compliance with this requirement is a condition of your continued employment with the City. If you do not provide proof of vaccination by February 11, 2022, your employment with the City will be terminated. You must submit proof of vaccination to HR via the COVID Test Result and Vaccination Proof Upload application on the FDNY Intranet homepage or via email to: [HRVaxProof@fdny.nyc.gov](mailto:HRVaxProof@fdny.nyc.gov).

NYC COVID-19 and Flu Vaccine Finder: [NYC COVID-19 and Flu Vaccine Finder](#)If you believe that you received this letter in error, please contact [FDNYCHumanResources@fdny.nyc.gov](mailto:FDNYCHumanResources@fdny.nyc.gov).Any inquiries or responses to this letter must be submitted electronically to [FDNYCHumanResources@fdny.nyc.gov](mailto:FDNYCHumanResources@fdny.nyc.gov).

Fire Department, City of New York  
Department Center, Brooklyn, NY 11201  
NY 201-512-2000 / 1-800-333-3111

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NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH		STATE FILE NUMBER 131-2021-00037564	
1. NAME: FIRST <b>James J. Finn</b>		2. SEX: MALE <input checked="" type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2	
3. DATE OF DEATH: MONTH DAY YEAR <b>04 18 2021</b>		3B. HOUR: <b>09:05 PM</b>	
4A. PLACE OF DEATH: (Check one) <input type="checkbox"/> HOSPITAL DOA <input type="checkbox"/> ER <input type="checkbox"/> HOSPITAL OUTPATIENT <input checked="" type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER (Specify):		4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR <b>03 25 2021</b>	
4C. NAME OF FACILITY: (If not facility, give address) <b>Montefiore Nyack Hospital</b>		4D. LOCALITY: (Check one and specify) <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN <b>Nyack Village</b>	
4E. MEDICAL RECORD NO.		4F. COUNTY OF DEATH: <b>Rockland</b>	
5. DATE OF BIRTH: MONTH DAY YEAR <b>04 28 1931</b>		6A. AGE IN YEARS: <b>89</b>	
6B. IF UNDER 1 YEAR ENTER: months days		6C. IF UNDER 1 DAY ENTER: hours minutes	
7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) <b>New York, New York</b>		7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:	
8. DECEDENT'S EDUCATION: (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 1 < 6th grade <input checked="" type="checkbox"/> 2 6th-12th grade: no diploma <input type="checkbox"/> 3 High school graduate or GED <input type="checkbox"/> 4 Some college credit, but no degree <input type="checkbox"/> 5 Associate's degree <input type="checkbox"/> 6 Bachelor's degree <input type="checkbox"/> 7 Master's degree <input type="checkbox"/> 8 Doctorate/Professional degree		9. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: <input checked="" type="checkbox"/> A White/Caucasian <input type="checkbox"/> B Black or African American <input type="checkbox"/> C Asian Indian <input type="checkbox"/> D Chinese <input type="checkbox"/> E Filipino <input type="checkbox"/> F Japanese <input type="checkbox"/> G Korean <input type="checkbox"/> H Vietnamese <input type="checkbox"/> I Native Hawaiian <input type="checkbox"/> K Guamanian or Chamorro <input type="checkbox"/> M Samoan <input type="checkbox"/> N American Indian or Alaska Native (specify) <input type="checkbox"/> P Other Asian (specify) <input type="checkbox"/> R Other Pacific Islander (specify)	
10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: <input checked="" type="checkbox"/> A White/Caucasian <input type="checkbox"/> B Black or African American <input type="checkbox"/> C Asian Indian <input type="checkbox"/> D Chinese <input type="checkbox"/> E Filipino <input type="checkbox"/> F Japanese <input type="checkbox"/> G Korean <input type="checkbox"/> H Vietnamese <input type="checkbox"/> I Native Hawaiian <input type="checkbox"/> K Guamanian or Chamorro <input type="checkbox"/> M Samoan <input type="checkbox"/> N American Indian or Alaska Native (specify) <input type="checkbox"/> P Other Asian (specify) <input type="checkbox"/> R Other Pacific Islander (specify)		11. DECEDENT'S EDUCATION: (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 1 < 6th grade <input checked="" type="checkbox"/> 2 6th-12th grade: no diploma <input type="checkbox"/> 3 High school graduate or GED <input type="checkbox"/> 4 Some college credit, but no degree <input type="checkbox"/> 5 Associate's degree <input type="checkbox"/> 6 Bachelor's degree <input type="checkbox"/> 7 Master's degree <input type="checkbox"/> 8 Doctorate/Professional degree	
12. SOCIAL SECURITY NUMBER: <b>[REDACTED]</b>		13. MARITAL STATUS: <input type="checkbox"/> 1 NEVER MARRIED <input checked="" type="checkbox"/> 2 MARRIED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> 4 DIVORCED <input type="checkbox"/> 5 SEPARATED	
14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated. <b>Geraldine Schierloh</b>		15. NAME AND LOCALITY OF COMPANY OR FIRM: <b>Bronx, NY</b>	
15A. USUAL OCCUPATION: (Do not enter retired) <b>Police Officer</b>		15B. KIND OF BUSINESS OR INDUSTRY: <b>Law Enforcement</b>	
16A. RESIDENCE: (State or Country if not USA) <b>NY</b>		16B. COUNTY OR REGION/PROVINCE if not USA: <b>Rockland</b>	
16C. LOCALITY: (Check one and specify) <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN <b>Clarkstown Town</b>		16D. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SPECIFY TOWN:	
16E. STREET AND NUMBER OF RESIDENCE: <b>7 Brookhill Drive, West Nyack Hamlet</b>		16F. ZIP CODE: <b>10994</b>	
17. BIRTH NAME OF FATHER / PARENT: FIRST MI LAST <b>Patrick Finn</b>		18. BIRTH NAME OF MOTHER / PARENT: FIRST MI LAST <b>Julia Morrison</b>	
19A. NAME OF INFORMANT: <b>Geraldine Finn</b>		19B. MAILING ADDRESS: (Include zip code) <b>7 Brookhill Drive, West Nyack Hamlet, NY 10994</b>	
20A. 1 <input checked="" type="checkbox"/> BURIAL 2 <input type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL 4 <input type="checkbox"/> HOLD DAY YEAR <b>04 28 2021</b>		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: <b>St. Anthony's Cemetery</b>	
20C. LOCATION: (City or town and state) <b>Nanuet Hamlet, New York</b>		21B. REGISTRATION NUMBER: <b>00945</b>	
21A. NAME AND ADDRESS OF FUNERAL HOME: <b>Joseph W Sorce Funeral Home Inc 728 W Nyack Rd, W Nyack, NY 10994</b>		21C. REGISTRATION NUMBER: <b>14115</b>	
22A. NAME OF FUNERAL DIRECTOR: <b>Stacey E Damon</b>		22B. SIGNATURE OF FUNERAL DIRECTOR: <b>Stacey E Damon Electronically Signed</b>	
23A. SIGNATURE OF REGISTRAR: <b>Patricia Evans Electronically Signed</b>		23B. DATE FILED: MONTH DAY YEAR <b>04 20 2021</b>	
23C. BURIAL OR REMOVAL PERMIT ISSUED BY: <b>Patricia Evans</b>		23D. DATE ISSUED: MONTH DAY YEAR <b>04 20 2021</b>	
ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER			
25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: <b>Scott Jordan Silver, MD</b> License No.: <b>259246</b> Signature: <b>Scott Jordan Silver, MD Electronically Signed</b> Month Day Year <b>04 18 2021</b>			
25B. If coroner is not a physician, enter Coroner's Physician's name & title: <b>160 N Midland Ave, Nyack Village, NY 10960</b>			
25C. If certifier is not attending physician, enter Attending Physician's name & title: <b>160 N Midland Ave, Nyack Village, NY 10960</b>			
26A. Attending physician attended deceased: FROM Month Day Year <b>03 25 2021</b> TO Month Day Year <b>04 18 2021</b>			
26B. Pronounced Dead: Month Day Year <b>04 18 2021</b> AT <b>09:05 PM</b>			
27. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> 1 ACCIDENT <input type="checkbox"/> 2 HOMICIDE <input type="checkbox"/> 3 SUICIDE <input type="checkbox"/> 4 UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> 5 PENDING INVESTIGATION <input type="checkbox"/> 6			
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 YES			
29A. AUTOPSY? <input checked="" type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 REFUSED			
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? <input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 YES			
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART I. IMMEDIATE CAUSE: (A) <b>cardio-pulmonary arrest</b> DUE TO OR AS A CONSEQUENCE OF: (B) <b>covid pneumonia</b> DUE TO OR AS A CONSEQUENCE OF: (C) <b>&lt;&lt;&lt;&lt;&lt;&lt;&gt;&gt;&gt;&gt;&gt;&gt;</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): <b>atrial fibrillation, hypertension, non-hodgkin's lymphoma, waldenstrom's macroglobulinemia</b>			
31A. IF INJURY, DATE: MONTH DAY YEAR <b>04 18 2021</b>			
31B. INJURY LOCALITY: (City or town and county and state) <b>Nyack Village, NY</b>			
31C. DESCRIBE HOW INJURY OCCURRED: <b>&lt;&lt;&lt;&lt;&lt;&lt;&gt;&gt;&gt;&gt;&gt;&gt;</b>			
31D. PLACE OF INJURY: <b>&lt;&lt;&lt;&lt;&lt;&lt;&gt;&gt;&gt;&gt;&gt;&gt;</b>			
31E. INJURY AT WORK? <input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 YES			
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? <input type="checkbox"/> 0 NO <input checked="" type="checkbox"/> 1 YES			
33A. IF FEMALE: <input type="checkbox"/> 0 Not pregnant within last year <input type="checkbox"/> 1 Pregnant at time of death <input type="checkbox"/> 2 Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> 3 Unknown if pregnant within past year			
33B. DATE OF DELIVERY: MONTH DAY YEAR			

**FILED: ROCKLAND COUNTY CLERK 02/21/2023 04:14 PM**

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NYSCEF DOC. NO. 14

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**EXHIBIT 12**

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||| Patient Experience Twelve



